

Docket No.

Armstrong, Kratz, Quintos, Hanson & Brooks, LLP

DECLARATION FOR U.S. PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CURABLE LIQUID ACRYLOYL GROUP CONTAINING RESIN COMPOSITION

the specification of which is attached hereto unless the following is checked

☒ was filed on 19/12/2003 as United States Application Number or PCT International

Application Number PCT/JP2003/016383 and was amended on / / (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 (a) - (d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application for which priority is claimed.

Priority Claimed

(List prior foreign applications. See note A)

<u>02028724.9</u> (Number)	<u>EP</u> (Country)	<u>20/12/2002</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u> </u> (Number)	<u> </u> (Country)	<u> </u> (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u> </u> (Number)	<u> </u> (Country)	<u> </u> (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u> </u> (Number)	<u> </u> (Country)	<u> </u> (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

(See note B)

☐ See attached list for additional prior foreign applications

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Status

(List prior U.S. Applications)

<u> </u> (Application Serial No.)	<u> </u> (Filing Date)	<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned
<u> </u> (Application Serial No.)	<u> </u> (Filing Date)	<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned
<u> </u> (Application Serial No.)	<u> </u> (Filing Date)	<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

TX03033VS C-97T
OSP-17278 US 354571

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18 of the United States Code, ' 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(See note C) 1-00 Full name of sole or first inventor (given name, family name) Artur LACHOWICZ
Inventor's signature [Signature] Date December 15, 2005
Residence Berlin, Germany DEX Citizenship Germany
Post Office Address Martin-Luther-Str. 55, D-13467 Berlin, Germany

2-00 Full name of second inventor (given name, family name) Kai-Uwe GAUDL
Inventor's signature Kai-Uwe Gaudl Date December 15, 2005
Residence Hohen Neuendorf, Germany DEX Citizenship Germany
Post Office Address Friedrich-Naumann Strasse 39, 16540 Hohen Neuendorf, Germany

3 Full name of third inventor (given name, family name) SEVERIN WACHS
Inventor's signature [Signature] Date December 15, 2005
Residence Wachsmannstr. 1 DEX Citizenship Germany
Post Office Address 15992 Macopin Road, West Mifflin, PA 15120 USA

4-00 Full name of fourth inventor (given name, family name) Gerwald F. GRAHE
Inventor's signature [Signature] Date December 15, 2005
Residence Berlin, Germany DEX Citizenship Germany
Post Office Address Leichhardt Str. 13, 14195 Berlin, Germany

Full name of fifth inventor (given name, family name) _____
Inventor's signature _____ Date _____
Residence _____ Citizenship _____
Post Office Address _____

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OSP 712178 US 审查委员会
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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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(See note C) Full name of sole or first inventor (given name, family name) XXXXXXXXXXXXXXXXXX
Inventor's signature _____ Date _____
Residence Berlin, Germany Citizenship Germany
Post Office Address Martin Luther Str. 55 D-10467 Berlin, Germany

Full name of second inventor (given name, family name) XXXXXXXXXXXX
Inventor's signature _____ Date _____
Residence Hohen Neudorf, Germany Citizenship Germany
Post Office Address Friedrich Naumann Strasse 53, 10810 Hohen Neudorf, Germany

3-0 Full name of third inventor (given name, family name) Steven H. NAHM
Inventor's signature Steven H. Nahl Date December 15, 2005
Residence West Milford, NJ Citizenship U.S.A.
Post Office Address 1509 Macopin Road, West Milford, NJ 07480 U.S.A.

Full name of fourth inventor (given name, family name) XXXXXXXXXXXX
Inventor's signature _____ Date _____
Residence Berlin, Germany Citizenship Germany
Post Office Address XXXXXXXXXXXX, Berlin, Germany

Full name of fifth inventor (given name, family name) _____
Inventor's signature _____ Date _____
Residence _____ Citizenship _____
Post Office Address _____

NOTES

- A. Please list all foreign applications relating to the invention and check block, "yes" or "no".
- B. If more than 4 prior foreign applications, please check this box and attach a sheet listing the remaining prior foreign applications.
- C. For residence in the U.S., indicate city and state, for residence outside the U.S., indicate city and country. The "Post Office Address" must be an address acceptable by a Post Office for delivery of mail.